



**HUMAN RESOURCE OFFICE
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BOISE, IDAHO 83705-8112**



16 November 2021

MEMORANDUM FOR IDAHO NATIONAL GUARD FEDERAL EMPLOYEES

FROM: JFHQ-ID/HRO

SUBJECT: Mandatory COVID-19 Vaccination

1. The purpose of this memorandum is to provide guidance to Idaho National Guard (IDNG) Federal Title 5 (T5) employees and their supervisors regarding the mandatory COVID-19 vaccination, exemption request forms, and documentation requirements.
2. This guidance applies to all IDNG T5 employees. Title 32 Dual Status Technicians of the IDNG will follow directives and procedures issued by their respective service component and supplemented by the Army National Guard and Air National Guard.
3. All IDNG T5 employees are required to be fully vaccinated by 03 January 2022, unless pursuing an exemption. Employees are considered fully vaccinated 2-weeks after completing the second dose of a two-dose COVID-19 vaccine, or 2-weeks after receiving a single dose of a one-dose COVID-19 vaccine. New IDNG T5 employees must be fully vaccinated by their entry on duty (start) date or 22 November 2021, whichever is later.
4. All IDNG T5 employees must complete a DD 3175, DoD Civilian Employee Certification of Vaccination, and provide their immediate supervisor documentation to support their vaccination status. Supporting documentation can be a record of vaccination from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation containing all required data. Required data must include the type of vaccination administered, date administered, and the name of the health care professional/clinic site that administered the vaccine. Completed DD 3175 is due by 20 December 2021.
5. Supervisors must submit the completed DD 3175, DoD Civilian Employee Certification of Vaccination to Ms. Jennifer Davis, Deputy Director of Human Resources, via email at jennifer.davis.18@us.af.mil and destroy all copies of the DD 3175 once receipt is confirmed. Supervisors are not required to submit documentation used to support employee vaccination status to HRO. Completed DD 3175 is due by 20 December 2021.
6. Employee requests for exemption or delay based on a medical condition, disability, or a sincerely-held religious belief or practice may be granted. To request an exemption, employees must complete the applicable attached exemption request form (DD 3176, Request for a Medical Exemption or Delay to the COVID-19 Vaccination Requirement, or DD 3177, Request for a Religious Exemption to the COVID-19 Vaccination Requirement). Completed forms will be forwarded to the Reasonable Accommodation Manager, Ms. Jennifer E. Davis, for verification and approval procedures. Completed exemption request is due by 20 December 2021.

7. Employees who intend to refuse the vaccination and not pursue an exemption may be subject to administrative or disciplinary action, up to termination or removal from Federal service and should contact Ms. Jennifer E. Davis no later than 20 December 2021.

8. Questions regarding this memorandum and all exception requests should be addressed to Ms. Jennifer E. Davis, Deputy Director of Human Resources, at 208-422-3334 or via email at jennifer.davis.18@us.af.mil.

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KEVIN K. DAWKINS, COL, IDANG
Human Resources Officer

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1. DD Form 3175, DoD Civilian Employee Certification of Vaccination
2. DD Form 3176, Request for a Medical Exemption or Delay to the COVID-19 Vaccination Requirement
3. DD Form 3177, Request for a Religious Exemption to the COVID-19 Vaccination Requirement

DoD CIVILIAN EMPLOYEE CERTIFICATION OF VACCINATION

PRIVACY ACT STATEMENT

Authority: Pursuant to 5 U.S.C. chapters 11 and 79, and in discharging the functions directed under Executive Order 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees (Sept. 9, 2021), DoD is authorized to collect this information. Additional authorities for the systems of records associated with this collection of information also include: E.O. 13991, Protecting the Federal Workforce and Requiring Mask-Wearing; E.O. 12196, Occupational Safety and Health Program for Federal Employees; 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672; DoD Directive 5525.21; and DoD Instruction 6200.03. Providing this information is mandatory, and DoD is authorized to impose penalties for failure to provide the information pursuant to applicable Federal personnel laws and regulations.

Principal Purpose: This information is being collected and maintained to implement Coronavirus Disease 2019 (COVID-19) workplace safety plans, and ensure the safety and protection of the DoD workforce, workplace, and other DoD facilities and environments, consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from the Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a person, organization or governmental entity as necessary and relevant to notify them of, respond to, or guard against a public health emergency, or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work environment; adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; contractors, grantees, experts, consultants, students, and others as necessary to perform their duties for the Federal government; or agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

A complete list of routine uses may be found in the applicable System of Records Notice (SORN) associated with the collection of this information as follows: For most Federal civilian employees: OPM/GOVT-10, Employee Medical File System Records, 75 Fed. Reg. 35099 (Jun. 21, 2010), amended 80 Fed. Reg. 74815 (Nov. 30, 2015). For Federal civilian employees not covered by OPM/GOVT-10: DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records, 85 Fed. Reg. 17047 (Mar. 26, 2020) (also available at <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>).

Consequences of Failure to Provide Information: Providing this information is mandatory. Unless granted an exemption, all covered Federal civilian employees are required to be vaccinated against COVID-19. Employees are required to provide documentation concerning their vaccination status to their employing DoD Component. Failure to provide this information may subject you to disciplinary action, including and up to removal from Federal service.

INSTRUCTIONS: Section A of this form should be completed by DoD civilian employees only. Section B of this form should be completed by the DoD civilian employee's supervisor (or authorized human resources official). This form should be completed by DoD civilian employees only. Service members and employees of DoD contractors should not complete this form.

SECTION A. To be completed by DoD civilian employees.

1. CIVILIAN EMPLOYEE NAME (Last, First, MI):

2. CIVILIAN EMPLOYEE DoD ID NUMBER:

3. PLEASE CHECK ALL THAT COINCIDES WITH YOUR COVID-19 VACCINATION STATUS:

- ☐ 3.a. I am fully vaccinated.
Individuals are considered "fully vaccinated" two weeks after completing the second dose of a two-dose COVID-19 vaccine or two weeks after receiving a single dose of a one-dose vaccine. Accepted COVID-19 vaccines are those which have received a license or emergency use authorization from the U.S. Food and Drug Administration and those COVID-19 vaccines on the World Health Organization Emergency Use Listing. "Fully vaccinated" also includes circumstances in which the individual was a participant in a U.S. site clinical trial and has received all recommended doses.
- ☐ 3.b. I have received one or more doses, but I am not yet considered fully vaccinated (in accordance with the definition of fully vaccinated above).
- ☐ 3.c. I have submitted proof of vaccination to my supervisor.
Proof of vaccination includes a copy of the record of immunization from a health care provider or pharmacy, a copy of the COVID-19 Vaccination Record Card, a copy of medical records documenting the vaccination, a copy of immunization records from a public health or state immunization information system, or a copy of any other official documentation. Employees may provide a digital copy of such records, including, for example, a digital photograph, scanned image, or PDF of such a record that is clear and legible.
- ☐ 3.d. I have not received any vaccination doses.
- ☐ 3.e. I have submitted a request for an exemption from vaccination and a decision is still pending.
- ☐ 3.f. I have an approved exemption from vaccination.

4. EMPLOYEE VACCINE INFORMATION <i>(Employees checking block 3.a. should skip block 4 and go to block 5):</i>	
4.a. VACCINE MANUFACTURER(S) OR VACCINE PRODUCT NAME(S): <input type="checkbox"/> Pfizer-BioNTech/Comirnaty <input type="checkbox"/> Moderna <input type="checkbox"/> AstraZeneca/Oxford <input type="checkbox"/> Johnson and Johnson (J&J)/Janssen <input type="checkbox"/> Novavax <input type="checkbox"/> Other U.S. Food and Drug Administration licensed or authorized, World Health Organization Emergency Use listed vaccine or U.S. site clinical trial vaccine (provide name):	4.b. DATE OF FIRST DOSE:
	4.c. DATE OF SECOND DOSE <i>(if two-dose vaccine):</i>
	4.d. DATE FULLY VACCINATED:
5. CERTIFICATION/KNOWLEDGE OF POSSIBLE ACTIONS FOR FALSE STATEMENTS	
<input type="checkbox"/> I certify that the information I have provided on this form and the proof of vaccination documentation I have submitted is true and correct. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both (18 U.S.C. 1001). I understand that making a false statement on this form could result in additional administrative action including an adverse personnel action up to and including removal from my position.	
6. CIVILIAN EMPLOYEE SIGNATURE:	7. DATE:
SECTION B: To be completed by the supervisor of the DoD civilian employee completing section A (or an authorized human resources official)	
8. SUPERVISOR PROOF OF VACCINATION REVIEW <input type="checkbox"/> 8.a. Proof of vaccination not received. <input type="checkbox"/> 8.b. Proof of vaccination received and under review. <input type="checkbox"/> 8.c. Proof of vaccination received and reviewed.	9. STATUS OF VACCINATION - EXEMPTION REVIEW <input type="checkbox"/> 9.a. Exemption request received and pending disposition. <input type="checkbox"/> 9.b. Exemption request received and approved. <input type="checkbox"/> 9.c. Exemption request received and denied. <input type="checkbox"/> 9.d. Exemption request not received.
10. SUPERVISOR / AUTHORIZED HR OFFICIAL NAME <i>(Last, First, MI):</i>	11. SUPERVISOR / AUTHORIZED HR OFFICIAL DoD ID NUMBER:
12. SUPERVISOR / AUTHORIZED HR OFFICIAL SIGNATURE:	13. DATE:

REQUEST FOR A MEDICAL EXEMPTION OR DELAY TO THE COVID-19 VACCINATION REQUIREMENT

OMB No. 0704-0619
Exp. 20220430

The public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

Authority: DoD is authorized to collect the information on this form pursuant to 29 U.S.C. 794, 42 U.S.C. Chapter 21, Subch. VI; Executive Order (E.O.) 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees; E.O. 13163, Increasing the Opportunities for Individuals with Disabilities to be Employed in the Federal Government; E.O. 13164, Requiring Federal Agencies to Establish Procedures to Facilitate the Provision of Reasonable Accommodation; 29 CFR 1614.203, Rehabilitation Act; DoD Directive 1020.1, Nondiscrimination on the Basis of Handicap in Programs and Activities Assisted or Conducted by the Department of Defense; as well as 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672, 5 U.S.C. chapter 79, and DoD Instruction 6200.03.

Principal Purpose: The information on this form is being collected so that DoD may determine whether to grant your request for a medical exemption from the COVID-19 vaccination requirement for federal employees, pursuant to Executive Order 14043 and in furtherance of COVID-19 workplace safety plans.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally. For example, disclosure of medical condition or history information to authorized government officials for the purpose of conducting an investigation into DoD's compliance with the Rehabilitation Act of 1973; disclosure of medical condition or history information to first aid and safety personnel in the event an employee's medical condition might require emergency treatment or special procedures; to Federal agencies/entities participating in the DoD Computer/Electronic Accommodations Program (CAP) to permit the agency to carry out its responsibilities under the program; A complete list of routine uses may be found in the applicable System of Records Notice (SORN) associated with the collection of this information: DoD 0007, Defense Reasonable Accommodations and Assistive Technology Records, 86 Fed. Reg. 38692 (July. 22, 2010) (available at <https://www.govinfo.gov/content/pkg/FR-2021-07-22/pdf/2021-15601.pdf>).

Consequences of Failure to Provide Information: Providing this information is voluntary and use of this form is optional. Failure to provide the information requested on this form may impact DoD's ability to evaluate or act upon a request for a medical exemption from the COVID-19 vaccination requirement. Any intentional misrepresentation to the Federal Government may result in legal consequences, including termination or removal from Federal Service.

Instructions: Part 1 is to be completed by DoD civilian employees. Part 2 is to be completed by a licensed health care provider. Provide narrative responses where applicable (Blocks 8-10, 15-17). If additional space is needed, proceed on the appropriate continuation block (Block 11 or 20) by annotating the Section and Line number and continue your narrative response. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Federal Government may result in legal consequences, including removal from Federal Service.

PART 1. TO BE COMPLETED BY THE DOD CIVILIAN EMPLOYEE

1. Employee Name (Last, First, Middle Initial)		2. DoD ID Number
3. Office Symbol		4. Date of Request (YYYYMMDD)
5. Position/Title	6. Supervisor Name	7. Supervisor Phone Number
8. Please provide a description of the medical condition or circumstance that is the basis for the request for a medical exemption from the COVID-19 vaccination requirement.		
9. Please provide an explanation of why the medical condition or circumstance prevents you from being vaccinated.		
10. Please provide any additional information, that addresses your particular medical condition or circumstance, which may be helpful in resolving your request for a medical exemption or delay from the COVID-19 vaccination requirement. If you have medical documentation (in addition to Part 2 of this Form) that addresses your particular medical condition or circumstance you may submit the documentation to your supervisor along with this form.		

11. Continuation	
I declare to the best of my knowledge and ability that the foregoing is true and correct.	
12. Date (YYYYMMDD)	13. Signature
PART 2. COMPLETED BY EMPLOYEE'S HEALTH CARE PROVIDER	
14. Employee Name	
MEDICAL CERTIFICATION FOR COVID-19 VACCINE EXEMPTION OR DELAY	
<p>Dear Health Care Provider:</p> <p>The Department of Defense requires its employees to be fully vaccinated against COVID-19, pursuant to Executive Order of the President of the United States. As indicated in Part 1, the individual named above is seeking a medical exemption to the requirement for COVID-19 vaccination or a delay because of a temporary condition or medical circumstance. Please complete this form to assist the Department in its review process.</p> <p>Please provide at least the following information, where applicable, and use the continuation block as needed:</p>	
<p>15. Please identify any contraindication(s) or precaution(s) for COVID-19 vaccination that are applicable to the individual, and for each contraindication or precaution, indicate:</p> <p>(a) whether it is recognized by the U.S. Centers for Disease Control and Prevention pursuant to its guidance; and</p> <p>(b) whether it is listed in the package insert or Emergency Use Authorization fact sheet for each of the COVID-19 vaccines authorized or approved for use in the United States.</p>	
<p>16. Please provide a statement detailing how the individual's condition and medical circumstances are such that COVID-19 vaccination is not considered safe. Please explain the specific nature of the medical condition or circumstance that contraindicates immunization with a COVID-19 vaccine or might increase the risk for a serious adverse reaction.</p>	
<p>17. Please provide any other medical information that would limit the employee from receiving any COVID-19 vaccine.</p>	
<p>18. The condition described above is:</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Long-Term/Permanent</p>	<p>19. If the employee is seeking a delay due to a temporary medical condition or circumstance, please indicate when the employee would be able to safely receive a COVID-19 vaccination - provide details if limited to specific COVID-19 vaccine(s) or type(s) of COVID-19 vaccine.</p>
20. Continuation	
21. Health Care Provider Name/Title	
22. Date (YYYYMMDD)	23. Medical Provider Signature

REQUEST FOR A RELIGIOUS EXEMPTION TO THE COVID-19 VACCINATION REQUIREMENT

PRIVACY ACT STATEMENT

Authority: DoD is authorized to collect the information on this form pursuant to Executive Order (E.O.) 14043, Requiring Coronavirus Disease 2019 Vaccination for Federal Employees; 42 U.S.C. Chapter 21, Subchapter VI; 42 U.S.C. Chapter 21B; as well as 10 U.S.C. 113, 10 U.S.C. 136, 10 U.S.C. 7013, 10 U.S.C. 8013, 10 U.S.C. 9013, 10 U.S.C. 2672, 5 U.S.C. chapter 79, and DoD Instruction 6200.03.

Principal Purpose: The information on this form is being collected so that DoD may determine whether to grant your request for a religious exemption from the COVID-19 vaccination requirement for federal employees, pursuant to Executive Order 14043 and in furtherance of COVID-19 workplace safety plans. Consistent with the Religious Freedom Restoration Act of 1993, 42 U.S.C. Chapter 21B, and Title VII of the Civil Rights Act, 42 U.S.C. Chapter 21, Subchapter VI, individuals seeking a religious exemption from the vaccination requirement will submit to DoD supporting information about their religious beliefs or practices in order for DoD to evaluate the exemption request.

Routine Use(s): While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally. For example to disclose information to: a person, organization, or governmental entity as necessary and relevant to notify them of, respond to, or guard against a public health emergency or other similar crisis, including to comply with laws governing the reporting of communicable disease or other laws concerning health and safety in the work environment; adjudicative or administrative bodies or officials when the records are relevant and necessary to an adjudicative or administrative proceeding; contractors, grantees, experts, consultants, students, and others as necessary to perform their duties for the Federal government; agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf. A complete list of routine uses may be found in the applicable System of Records Notices (SORN) associated with the collection of this information: [DPR 39 DoD, DoD Personnel Accountability and Assessment System of Records](#), 85 Fed. Reg. 17047 (Mar. 26, 2020) (also available at <https://dpdcd.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DPR-39-DoD.pdf>).

Consequences of Failure to Provide Information: Providing this information is voluntary and use of this form is optional. Failure to provide the information requested on this form may impact DoD's ability to evaluate or act upon a request for a religious exemption from the COVID-19 vaccination requirement. Any intentional misrepresentation to the Federal Government may result in legal consequences, including removal from Federal Service.

Instructions: To be completed by DoD civilian employees. Provide narrative responses where applicable (Blocks 8-11, 12.b, 12.c, 13). If additional space is needed, proceed on the continuation block (Block 14) by annotating the Section and Line number and continue your narrative response. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Federal Government may result in legal consequences, including removal from Federal Service.

1. Employee Name (Last, First, Middle Initial)		2. DoD ID Number
3. Office Symbol		4. Date of Request (YYYYMMDD)
5. Position/title	6. Supervisor Name	7. Supervisor Phone Number
8. Please describe the religious belief, practice, or observance that is the basis for your request for a religious exemption from the COVID-19 vaccination requirement.		
9. Please describe when and how you came to hold the religious belief or observe the religious practice.		
10. Please describe how you have demonstrated the religious belief or observed the religious practice in the past.		
11. Please explain how the COVID-19 vaccines conflict with your religious belief, practice, or observance.		

12.a Have you previously raised an objection to a vaccination, medical treatment, or medicine based on a religious belief or practice.

☐ Yes ☐ No

12.b If Yes, please provide a description of the circumstances, timing, and resolution of the matter.

12.c If No, please provide an explanation as to why your objection is limited to the particular COVID-19 vaccines.

13. Please provide any additional information that may be helpful in resolving your request for a religious exemption from the COVID-19 vaccination requirement. You may submit additional documentation in support of this request to your supervisor along with this form.

14. Continuation

I declare to the best of my knowledge and ability that the foregoing is true and correct.

15. Date (YYYYMMDD)

16. Signature